

Agency: _____ Staff Name: _____
Date: ____/____/____ County: _____

CLIENT INTAKE FORM

Last Name: _____ First Name: _____

Middle Initial: ____

Social Security Number: ____/____/____ Pathways Client Key: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____

Chronically Homeless: () Y () N

Sex: () Male () Female

Ethnicity: () Hispanic () Non-Hispanic

Race:

() Asian

() Black/African American

() American-Indian/Alaskan () White

() Pacific Islander

() Other

Last Permanent Address (Last place resided for 90 or more days)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Housing Status:

() Literally homeless

() Housed and at imminent risk of losing housing

() Housed and at-risk of losing housing

() Stably housed

Last Night's Residence:

() Emergency shelter, including hotel or motel paid for with emergency shelter voucher

() Transitional housing for homeless persons (including homeless youth)

() Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)

() Psychiatric hospital or other psychiatric facility

() Substance abuse treatment facility or detox center

() Hospital (non-psychiatric)

() Jail, prison or juvenile detention facility

() Rental by client, no housing subsidy

() Owned by client, no housing subsidy

() Staying or living in a family member's room, apartment or house

() Staying or living in a friend's room, apartment or house

() Hotel or motel paid for without emergency shelter voucher

() Foster care home or foster care group home

() Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"

() Other

() Safe Haven

() Rental by client, with VASH housing subsidy

() Rental by client, with other (non VASH) housing subsidy

() Owned by client, with housing subsidy

Length of Stay (in last night's residence): (Check One)

- ☐ one week or less
☐ more than one week, but less than one month
☐ one to three months
☐ more than three months, but less than a year
☐ one year or longer

Family Type: (Check One)

- ☐ Single/Unaccompanied Female
☐ Single/Unaccompanied Male
☐ Female w/ children
☐ Male w/ children
☐ Couple w/o children
☐ Couple w/ children

Veteran: ()Y ()N

Domestic Violence: ()Y ()N

Disabling Condition: ()Y ()N

Authorization ()Y ()N

Special Needs: Check ONE answer for each criterion

Substance abuse	(No)	(Alcohol abuse)	(Drug abuse)	(Both alcohol and drug abuse)
	(Don't know)	(Refused)		
Physical disability	(No)	(Yes)	(Don't know)	(Refused)
Mental illness	(No)	(Yes)	(Don't know)	(Refused)
Illiterate or marginally literate	(No)	(Yes)	(Don't know)	(Refused)
HIV/AIDS and related diseases	(No)	(Yes)	(Don't know)	(Refused)
Domestic violence	(No)	(Yes)	(Don't know)	(Refused)
Developmental disability	(No)	(Yes)	(Don't know)	(Refused)
Chronic Health Condition	(No)	(Yes)	(Don't know)	(Refused)

Income Information

Financial Resources: (Head of Household)

Income received from any source in past 30 days? () No () Yes () Don't Know () Refused

Income Sources and Amount

	No/Yes	Amount	Date Started	Whose Income?
() Earned Income:	() No () Yes	_____	____/____/____	_____
() Unemployment Insurance:	() No () Yes	_____	____/____/____	_____
() Supplemental Insurance Security (SSI)	() No () Yes	_____	____/____/____	_____
() Social Security Disability Income (SSDI)	() No () Yes	_____	____/____/____	_____
() Veteran Disability Payment	() No () Yes	_____	____/____/____	_____
() Private Disability Insurance	() No () Yes	_____	____/____/____	_____
() Workers Comp	() No () Yes	_____	____/____/____	_____
() Temporary Assistance for Needy Families	() No () Yes	_____	____/____/____	_____
() General Assistance	() No () Yes	_____	____/____/____	_____
() Retirement Income from SS	() No () Yes	_____	____/____/____	_____
() Veteran's Pension	() No () Yes	_____	____/____/____	_____
() Pension from former job	() No () Yes	_____	____/____/____	_____
() Child Support	() No () Yes	_____	____/____/____	_____
() Alimony or other special support	() No () Yes	_____	____/____/____	_____
() Other source	() No () Yes	_____	____/____/____	_____

Total Monthly Income

Non-Cash Benefits

Non-Cash Benefits received from any source in past 30 days: () No () Yes () Don't Know () Refused

Source of Non-Cash Benefit	Receiving Benefit	Date Started	Whose Income?
Supplemental Nutrition Assistance Program (SNAP)	() No () Yes	____/____/____	_____
Medicaid Health Insurance Program	() No () Yes	____/____/____	_____
Medicare Health Insurance	() No () Yes	____/____/____	_____
State Children's Health Insurance	() No () Yes	____/____/____	_____
Special Supplemental Nutrition for Women, Infants And Children	() No () Yes	____/____/____	_____
Veterans Administration (VA) Medical Services	() No () Yes	____/____/____	_____
TANF Child Care Services	() No () Yes	____/____/____	_____
TANF Transportation	() No () Yes	____/____/____	_____
Other TANF funded services	() No () Yes	____/____/____	_____
Section 8, public housing, or other ongoing rental assistance	() No () Yes	____/____/____	_____
Other Source	() No () Yes	____/____/____	_____
Temporary Rental Assistance	() No () Yes	____/____/____	_____
Don't Know	() No () Yes	____/____/____	_____
Refused	() No () Yes	____/____/____	_____

***HOUSEHOLD MEMBERS: Record income , benefit information AND special needs in HMIS or EACH member of the household.**

Household Members Information**(1) Relationship to Head of Household:** _____

Last Name: _____ First Name: _____ Middle Initial : _____

Date of Birth: ____/____/____ Sex: () Male () Female Ethnicity: () Hispanic () Non-Hispanic

Race: _____ Veteran: () Y () N Disabled: () Y () N

Last Permanent Address: mark one: (Same as head of household) (Different from head of household)
(If different from Head of Household list below)**Street Address:** _____ **City:** _____ **State:** _____ **Zip****Code:** _____

If this is a minor child, do you have legal custody or guardianship of him/her? () Yes () No [Documentation will be requested.]

(2) Relationship to Head of Household: _____

Last Name: _____ First Name: _____ Middle Initial : _____

Date of Birth: ____/____/____ Sex: () Male () Female Ethnicity: () Hispanic () Non-Hispanic

Race: _____ Veteran: () Y () N Disabled: () Y () N

Last Permanent Address: mark one: (Same as head of household) (Different from head of household)
(If different from Head of Household list below)**Street Address:** _____ **City:** _____ **State:** _____ **Zip****Code:** _____

If this is a minor child, do you have legal custody or guardianship of him/her? () Yes () No [Documentation will be requested.]

(3) Relationship to Head of Household: _____

Last Name: _____ First Name: _____ Middle Initial : _____

Date of Birth: ____/____/____ Sex: () Male () Female Ethnicity: () Hispanic () Non-Hispanic

Race: _____ Veteran: () Y () N Disabled: () Y () N

Last Permanent Address: mark one: (Same as head of household) (Different from head of household)
(If different from Head of Household list below)**Street Address:** _____ **City:** _____ **State:** _____ **Zip****Code:** _____

If this is a minor child, do you have legal custody or guardianship of him/her? () Yes () No [Documentation will be requested.]

(4) Relationship to Head of Household: _____

Last Name: _____ First Name: _____ Middle Initial : _____

Date of Birth: ____/____/____ Sex: () Male () Female Ethnicity: () Hispanic () Non-Hispanic

Race: _____ Veteran: () Y () N Disabled: () Y () N

Last Permanent Address: mark one: (Same as head of household) (Different from head of household)
(If different from Head of Household list below)**Street Address:** _____ **City:** _____ **State:** _____ **Zip****Code:** _____

If this is a minor child, do you have legal custody or guardianship of him/her? () Yes () No [Documentation will be requested.]

(5) Relationship to Head of Household: _____

Last Name: _____ First Name: _____ Middle Initial : _____

Date of Birth: ____/____/____ Sex: () Male () Female Ethnicity: () Hispanic () Non-Hispanic

Race: _____ Veteran: ()Y ()N Disabled: ()Y ()N

Last Permanent Address: mark one: (Same as head of household) (Different from head of household)

(If different from Head of Household list below)

Street Address: _____ City: _____ State: _____ Zip

Code: _____

If this is a minor child, do you have legal custody or guardianship of him/her? () Yes () No [Documentation will be requested.]

A Barriers to Housing Stability Assessment must be completed for each HEAD of household.

Program Enrollment:

ESG Eligible: ____Yes ____No Date: _____

Program Entry Date ____/____/____

Date of Initial Certification: ____/____/____

Date(s) of Re-Certifications ____/____/____, ____/____/____, ____/____/____